

200,000 WONDROUS SPECIES

T. rubrum



C. albicans



*Aspergillus
niger*



In the world of bacteria and bacterial infections clinicians feel quite at home. Strangely, this is not usually the case in the world of fungi and fungal infections. With its 200,000 species it seems like a complex domain.

Yet only some 100 of them are pathogenic to man. And clinically they can be classified in three main fields:

I. THE "KERATINOUS" MYCOSES: prototypes are the tinea infections whose battlefield is the keratinous skin and the nails, and whose causative agents belong to the dermatophytes;

II. THE "MOISTENING" MYCOSES: prototypes are vaginal candidosis and oral thrush. These can only develop in moist environments and are invariably caused by yeasts;

III. THE "SYSTEMIC" MYCOSES: these develop in the internal organs when the general or regional immunity is defective; although predominantly caused by yeasts, "modern" pathology increasingly encounters rather more specific fungi... *Aspergillus* — not a yeast but a fungus all on its own — is the dominant example.

Thus a complex world looks a lot simpler. Which can likewise be said of modern antifungal therapy:

Sporanox^{*}

itraconazole

SHORT AND SIMPLE ORAL THERAPY

standard dose in dermatology: 1 capsule (100 mg) once daily for 15 days
standard dose in gynaecology: 2 x 2 capsules (400 mg) for 1 day only

* Trademarks: SPORANOX, SEMPERA, SISTIZOL, TRISPORAL.

JANSSEN
PHARMACEUTICA
2340 Beerse, Belgium
the drug discovery company

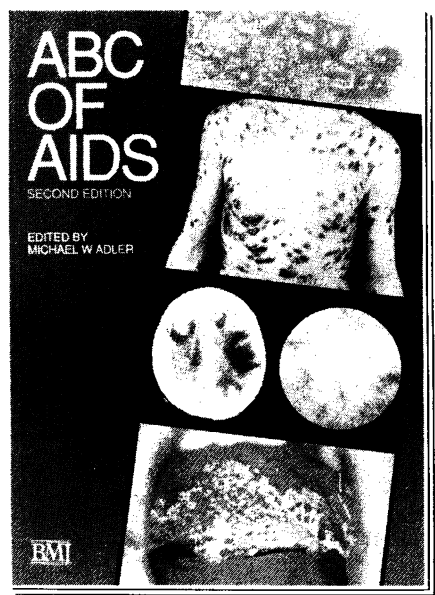
Properties: Sporanox (itraconazole), a triazole derivative, is orally active against infections with dermatophytes (*Trichophyton* spp., *Microsporum* spp., *Epidermophyton floccosum*), yeasts (*Candida* spp., *Pityrosporum* spp.), *Aspergillus* spp. and various other yeasts and fungi. **Indications:** Sporanox (itraconazole) is indicated for vulvovaginal candidosis, pityriasis versicolor, dermatophytoses, fungal keratitis and oral candidosis. **Dosage and administration:** Vulvovaginal candidosis: 2 capsules (200 mg) morning and evening for 1 day,

Pityriasis versicolor: 2 capsules (200 mg) once daily for 7 days. - Tinea corporis, tinea cruris, tinea pedis, tinea manus: 1 capsule (100 mg) daily for 15 days; highly keratinized regions, as in plantar tinea pedis and palmar tinea manus, require 1 capsule (100 mg) daily for 30 days. - Oral candidosis: 1 capsule (100 mg) daily for 15 days. - Fungal keratitis: 2 capsules (200 mg) once daily for 21 days. **Contra-indications:** Sporanox (itraconazole) is contra indicated during pregnancy. **Warnings and precautions:** Although clinically

Sporanox (itraconazole) has not been investigated in hepatic dysfunction, it is advisable not to give the drug to patients with a known history of liver disease. In nursing mothers: It is recommended to avoid breastfeeding while taking Sporanox (itraconazole). **Side effects:** Sporanox (itraconazole) may cause dizziness, headache, nausea, vomiting, diarrhoea, constipation, flatulence, dyspepsia, tastelessness, dry mouth, and

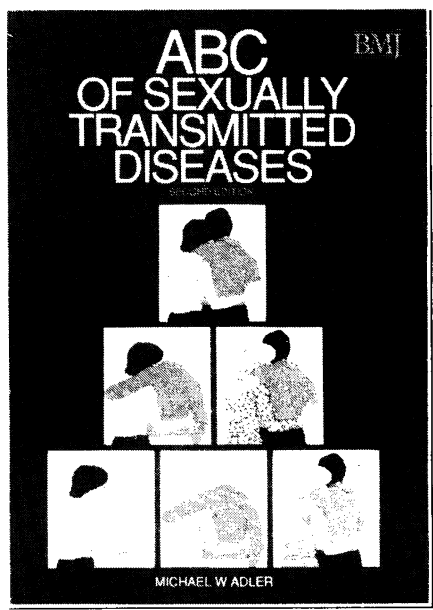
Full prescribing information is available on request.

Expert information on important problems



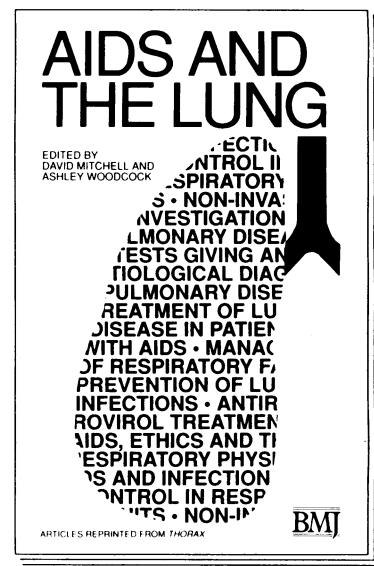
It is vital for all doctors to keep up to date with the facts about AIDS. The second edition of *ABC of AIDS* has been completely revised to give a clear picture of the present state of knowledge about the epidemic and current approaches to treatment. It also includes two new chapters, on HIV infection related to misuse of drugs, and HIV infection in children. Edited by Michael Adler, a leading authority on the topic, the *ABC of AIDS* is a concise, authoritative guide that all medical practitioners should read.

January 1991
UK £10.95; Abroad £13.50
(BMA members: £9.95 or £12.50)



The number and range of sexually transmitted diseases have been increasing steadily in the past few years, and the second, revised edition of the *ABC of Sexually Transmitted Diseases*, includes the most up to date figures as well as new chapters on AIDS and psycho-sexual problems. Doctors need to be aware that common clinical conditions such as rashes, vaginal discharge, and pelvic pain may have a sexual origin and in the new edition of this invaluable handbook Professor Michael Adler gives expert guidance on the diagnosis and management of these conditions.

August 1990
UK £11.95; Abroad £13.50
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The lung is the organ most affected by the opportunistic infections that occur in patients with AIDS. Pneumocystis pneumonia occurs in up to four fifths of such patients in Europe and North America, while tuberculosis is a major factor in Africa. As the numbers of patients with AIDS increase, respiratory physicians throughout the world are more likely to be concerned in their management. In *AIDS and the Lung* experts review the problems, emphasising practical points and providing up to date information on this rapidly changing subject.

September 1990
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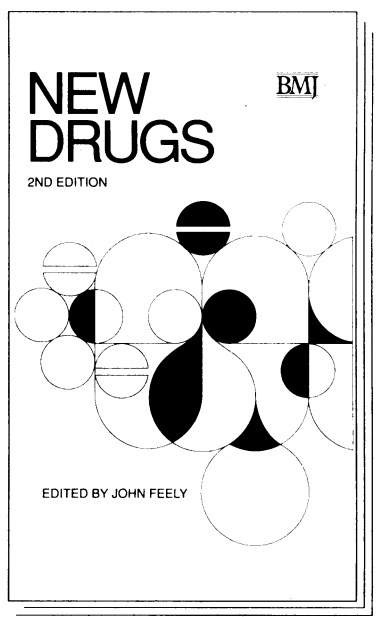
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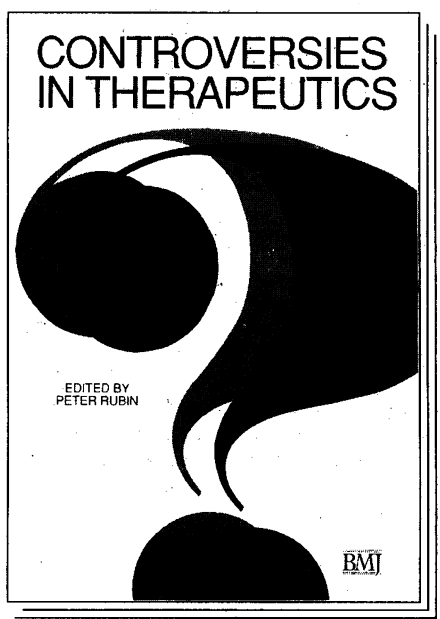


New drugs are continually being developed and knowledge about existing drugs is constantly expanding, so it is essential, but difficult, for doctors to keep up to date with the latest developments. *New Drugs* describes the most important therapeutic advances of the past decade and discusses the drugs that will be in common use in the 1990s. Completely revised and updated, this second edition has been expanded to include 11 additional chapters. Its coverage of practical aspects of drug use, avoidance of adverse reactions and interactions, and prescribing at extremes of age makes it an invaluable guide for busy practitioners who want to get the best out of the new drugs currently available.

Chapters include: Adverse reactions to drugs • Calcium antagonists
• Diuretic treatment • Antiarrhythmic drugs • Insulin • Lipid lowering drugs
• Antidepressant drugs • Centrally acting drugs • Controlling symptoms in advanced cancer

Second edition April 1991

UK £14.95; Abroad £18.00 (BMA members £13.95 or £17.00)



Doctors do not always agree on what is the right treatment even for quite common conditions. Often definitive clinical trials have not been performed and no one knows for sure the best way to treat. *Controversies in Therapeutics* looks at some problems that arise in general practice. For each one it offers two different approaches; and Peter Rubin, professor of therapeutics and consultant physician at the University Hospital of Nottingham, provides an editorial comment on these which summarises the prevailing views and helps you to make up your own mind. Written by academic experts with everyday clinical experience, *Controversies in Therapeutics* is a must for all physicians and general practitioners—both those who think they know it all and those who know they don't.

Chapters include: Role of diet in treating atopic eczema • Risks of dependence on benzodiazepine drugs • Thrombolysis and the general practitioner
• Depression in childhood • Theophylline in the management of airflow obstruction • Management of constipation

January 1991

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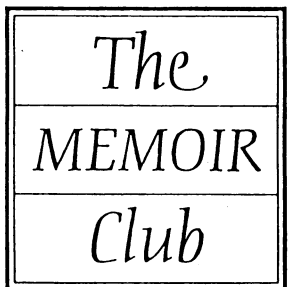
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Not a Moment to Lose by Sir David Smithers

Sir David Smithers, former president of the British Institute of Radiology and of the Royal College of Radiologists, was for 30 years professor of radiotherapy at the Royal Marsden Hospital. But that is only half the story. He is also a man who believes that "one should aspire to be a realist but retain a sense of wonder, a rationalist who is prepared to jump to conclusions, and a critical visionary who remains sensible of the humour of the human situation". Recounting how he has lived according to these principles, David Smithers describes, in addition to his medical career, his experiences as a broadcaster, traveller, rose grower, and observer of human nature.

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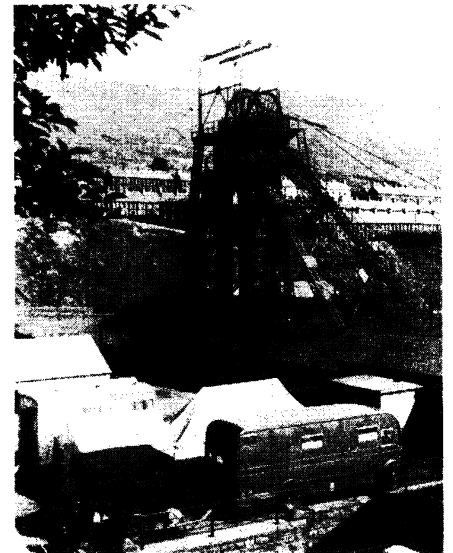
One Man's Medicine by Professor Archie Cochrane with Max Blythe

Archie Cochrane was one of Britain's most influential thinkers on health care and the quality of health services. His 30 years' association with the Rhondda Fach—and his work there on reducing the suffering inflicted on whole communities by pneumoconiosis—is almost legendary. Ironically, this was nearly overshadowed later in his life by the spectacular success of his Rock Carling monograph *Effectiveness and Efficiency*, which proved to be a seminal work and influenced thinking about the assessment of medical treatment and procedures throughout the world.

What kind of man was he, and what led him to such a career? In *One Man's Medicine* (written in collaboration with Max Blythe) Archie Cochrane recalls with candour and perception the dilemmas and disasters that beset his early ambitions for a career in clinical medicine and research; his undergoing psychoanalysis with Theodor Reik in Germany in the early 1930s; his support for the republicans in Spain; and his four years as a prisoner of war in Salonica (for which he usually blamed Evelyn Waugh).

A rich and rewarding book, *One Man's Medicine* sums up the life and opinions of a remarkable man.

Inland £14.95; Abroad £19.00 BMA members: Inland £13.95; Abroad £18.00



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The x-ray service of the Medical Research Council's Pneumoconiosis Research Unit visiting Tylorstown pithead in 1950.

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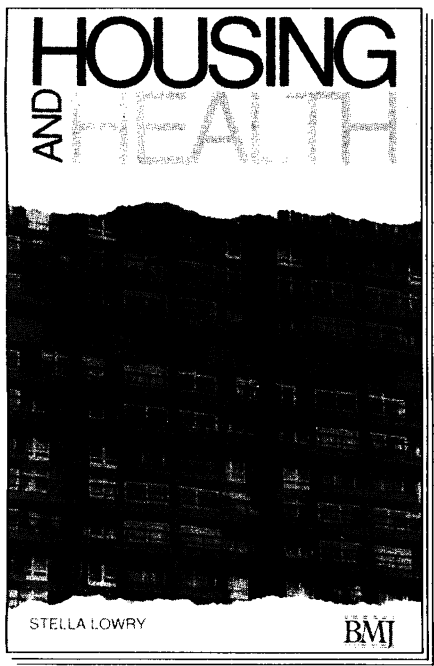
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Medical aspects of daily life



"The connection between health and the dwellings of the population is one of the most important that exists," declared Florence Nightingale. But what is actually known about the connection? Stella Lowry, assistant editor of the *BMJ*, looks at some of the more important influences on housing and health in Britain today. Doctors need to know about housing. General practitioners are expected to manage more conditions largely or solely in the community, and hospital doctors to use day case techniques and early discharge. This is safe only if patients' home conditions are known and the probable effects of these understood. Doctors are often asked to help patients obtain rehousing on medical grounds, so they need to know how this system works. Perhaps most importantly, doctors have a responsibility to suggest social policies which might prevent avoidable illness. This lucid and comprehensive survey provides the evidence for making such proposals.

April 1991

UK £7.95; Abroad £9.50 (BMA members £7.45 or £9.00)

As a health professional, you may find that children from ethnic minorities in Britain suffer from conditions that you have never encountered – such as diseases of genetic or nutritional origin and tropical or subtropical infestations. They, or their parents, may not speak enough English to be able to explain what is wrong and, in addition, cultural differences may impede understanding on both sides. What can be done? In *Child Health in a Multicultural Society* Dr John Black gives a brief introduction to the problems of ethnic minorities together with a detailed guide to the cultures of particular groups – Asian families, families from the Mediterranean and Aegean, Chinese and Vietnamese families, and Afro-Caribbean and African families – and the diseases to which they may be vulnerable. This revised edition (previously entitled *The New Paediatrics*) is a valuable guide for doctors, nurses, and non-medical staff who want to ensure the best care for all patients.

Second Edition 1990

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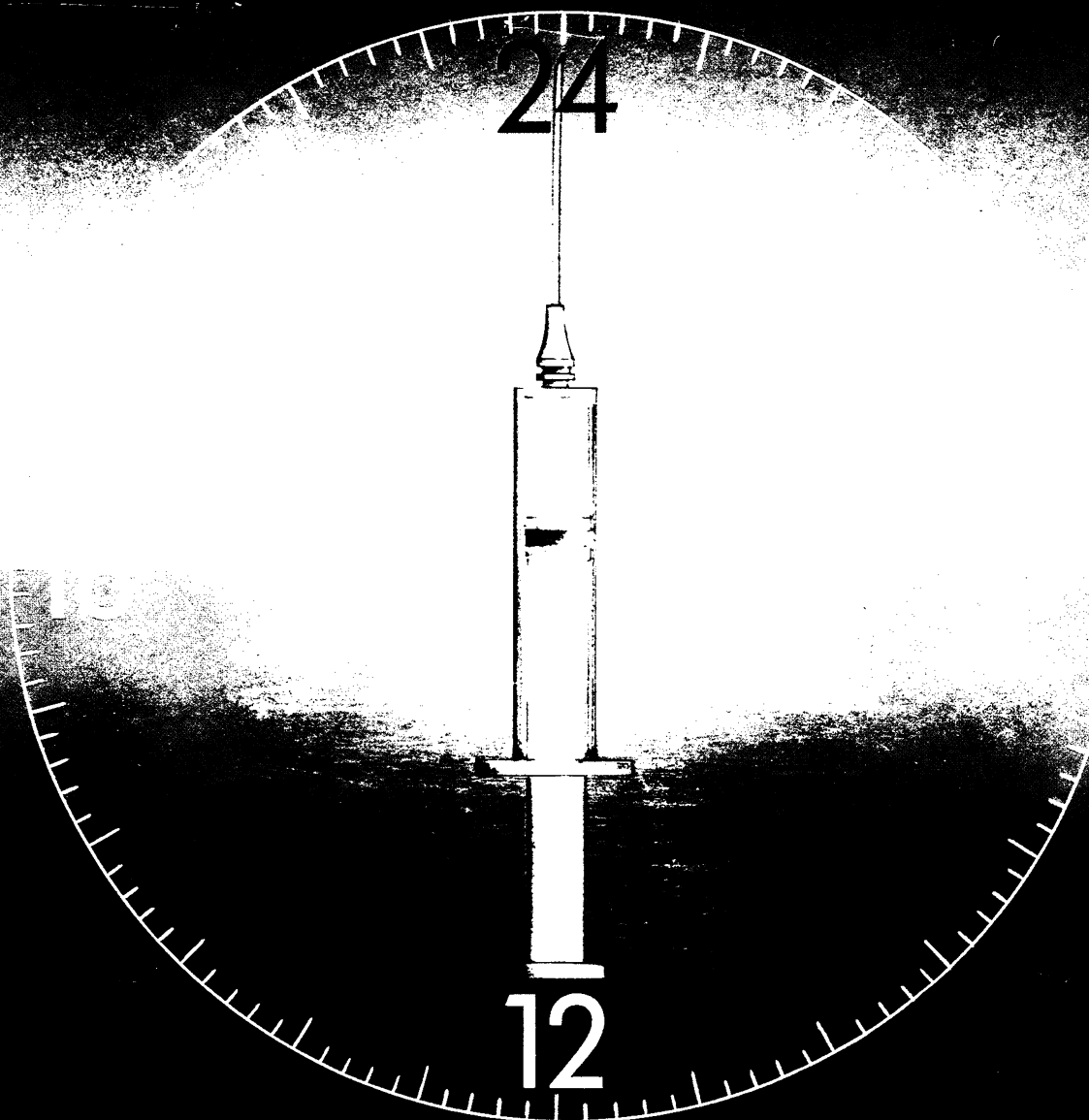
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ROCEPHIN

ceftriaxone

24-HOUR BACTERICIDAL POWER

Indications

Sepsis; meningitis; abdominal infections; infections of the bones, joints, soft tissue, skin and of wounds; infections in patients with impaired defence mechanisms; renal and urinary tract infections; respiratory tract infections, particularly pneumonia, and ear, nose and throat infections; genital infections, including gonorrhea. Perioperative prophylaxis of infections.

Dosage

Usual dosage for adults: 1-2 g once daily (every 24 hours). Further informations on administration and special dosage recommendations are available on request.

Contraindications

Known hypersensitivity to cephalosporins.

Precautions

Pregnancy (particularly in the first trimester), unless absolutely necessary. Hypersensitivity to β -lactam antibiotics (possibility of allergic cross-reactions, anaphylactic shock).

Side effects

Gastrointestinal complaints. Hematological changes. Skin reactions.

Full details are available on request.

F. Hoffmann-La Roche Ltd, Basel, Switzerland



References 1 Knutt JE, et al. *Dis Sci* 29: 164-184; 2 Kantlas JP, et al. *Gastroenterology* 97: 1987-1993; 3 Malagelada JR, et al. *Gastroenterology* 89: 1223-1985; 4 Cecavelli P, et al. *Gut* 29: 631-1988; 5 Collins BJ, et al. *HepatoGastroenterol* 34: 113-1987; 6 Jun R, et al. *Dig Dis Sci* 34: 657-1989.

Supplementary Information: Preplaid is a gastro-intestinal prokinetic agent. Preplaid enhances and co-ordinates gastro-intestinal propulsive motility, thereby preventing stasis and reflux. **Therapeutic indications:** 1. Gastrostasis: 2. Symptoms of X-ray or endoscopic negative upper digestive disorders, including oesophagitis. 3. Intestinal pseudo-obstruction.

Contra-indications: No absolute contra-indications are known. **Precautions:** Although, there is no effect on primary lactation, no primary erythrocytic and no serological effect, the anticipated therapeutic benefits should be weighed against the potential hazards before Preplaid is given during pregnancy, especially during the first trimester. 'Nursing mothers': Although the excretion of Preplaid into breast milk is minimal, nursing mothers are advised not to breast feed while taking Preplaid. **Driving and machine-operating ability:** Preplaid does not induce side effects of drowsiness. Preplaid may, however, accelerate the absorption of central nervous system depressants, such as barbiturates and alcohol. Caution should therefore be exercised when Preplaid is administered with these drugs. **Interactions:** The acceleration by Preplaid of gastric emptying may affect the rate of absorption of drugs. Absorption of drugs with a narrow therapeutic index may be affected. **Side-effects:** The most frequent side-effects of Preplaid are mild, transient abdominal discomforts, flatulence, diarrhoea, constipation, headache, dizziness, and a metallic taste in the mouth. These side-effects are usually self-limiting and disappear when Preplaid is discontinued. **Pharmacological effects or possible side-effects:** In the elderly, steady state plasma levels are generally higher, due to a moderate prolongation of the elimination half-life. Therapeutic doses, however, are similar to those used in younger patients, for the most part, antagonized by anticholinergic drugs. In the case of drugs that require individual titration, it may be useful to monitor plasma levels of such drugs when Preplaid is associated. **Adverse reactions:** In line with the pharmacological activity of Preplaid, transient abdominal cramping, borborygmi and diarrhoea may occur. Mild and transient headache or lightheadedness have been reported occasionally. When diarrhoea occurs in babies or infants, the medication should be reduced. There have been reports of convulsive seizures without clearcut relationship to Preplaid. **Dosage:** Adults: according to the severity of the condition, 5 or 10 mg of Preplaid, 2 to 4 times daily, to be taken as tablets or as oral suspension (the full capsule 5 ml oral suspension contains 5 mg). As a rule the following doses have proven adequate: • less severe conditions (gastrostasis, refractory constipation): 10 mg 1 to 10 c.i.d. (before the 3 main meals and before bedtime); • infants and children: on the average 0.2 mg/kg per intake, 3 to 4 times daily; for the suspension tablets are indicated; 3 to 4 times daily. For the suspension tablets are indicated; 3 to 4 times daily. For the suspension tablets are indicated; 3 to 4 times daily.

Note: Preplaid (cassiprodin) is not yet available in all countries and not all indications have been approved everywhere.